



PTO/SB/22 (12-04)

Approved for use through 7/31/2006. OMB 0651-0031

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) TGZ-021CP2	
Application Number 10/664587-Conf. #3678		Filed September 16, 2003	
For METHOD AND APPARATUS FOR SORTING PARTICLES			
Art Unit 3651		Examiner J. A. Dillon	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$60 \$ 60.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450	\$225 \$
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020	\$510 \$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590	\$795 \$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080 \$
<input checked="" type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input checked="" type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-0080. I have enclosed a duplicate copy of this sheet.		
I am the	<input type="checkbox"/>	applicant/inventor.	
	<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	
	<input checked="" type="checkbox"/>	attorney or agent of record. Registration Number 46,590	
	<input type="checkbox"/>	attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34	
Signature		Date	
David R. Burns		June 8, 2006	
Typed or printed name		Telephone Number	
		(617) 227-7400	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/>	Total of 1 forms are submitted.		

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Express Mail Label No. EV244882809US Dated: June 8, 2006



PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032

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FEE TRANSMITTAL For FY 2005		Complete if Known	
		Application Number	10/664587-Conf. #3678
		Filing Date	September 16, 2003
		First Named Inventor	Sebastian BÖHM
		Examiner Name	J. A. Dillon
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	3651
TOTAL AMOUNT OF PAYMENT		(\$)	85.00
		Attorney Docket No.	TGZ-021CP2

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>12-0080</u> Deposit Account Name: <u>Lahive & Cockfield, LLP</u>				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
24	-23 = 1	x 25.00 =				
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
7	-10 =	x				

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50	(round up to a whole number) x	

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 2251 Extension for response within first month	60.00

SUBMITTED BY

Signature	<u>David R Burns</u>	Registration No. (Attorney/Agent)	46,590	Telephone	(617) 227-7400
Name (Print/Type)	David R. Burns	Date	June 8, 2006		

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